

**Application Data Sheet****Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Tech. Center::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)::	No
Number of copies of CRF::	
Title Line One::	Fixation System for an Implantable
Title Line Two::	Medical Device
Docket Number::	COCH-0139-US1
Request for Early Publication::	No
Request for Non-publication::	No
Suggested Drawing Figure::	4
Total Drawing Sheets::	10
Small Entity::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency ::	
Contract or Grant Numbers One::	
Contract or Grant Numbers Two::	
Secrecy Order in Parent Appl.::	No

**Applicant Information**

Applicant One Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status ::	Full Capacity
Given Name::	<i>Peter</i>
Middle Name::	
Family Name::	<u>Gibson</u>
Name Suffix::	
City of Residence::	<u>South Coogee</u> <i>AUX</i>
State or Prov. of Residence::	
Country of Residence::	Australia
Mailing Address Line One::	8 Popplewell Place
Mailing Address Line Two::	
City of Mailing Address::	South Coogee
State or Province of Mailing Address::	
Country of Mailing Address::	Australia
Postal or Zip Code of Mailing Address::	2034

Applicant Two Authority Type:: Inventor  
 Primary Citizenship Country:: Denmark  
 Status :: Full Capacity  
 Given Name:: Lars  
 Middle Name:: Vengdebo  
 Family Name:: Johansen  
 Name Suffix::  
 City of Residence:: Aarhus **DKX**  
 State or Prov. of Residence::  
 Country of Residence:: Denmark  
 Mailing Address Line One:: ENT-Department  
 Mailing Address Line Two:: Aarhus University Hospital  
 City of Mailing Address:: Aarhus  
 State or Province of Mailing Address::  
 Country of Mailing Address:: Denmark  
 Postal or Zip Code of Mailing Address:: DK 800

### Correspondence Information

Correspondence Customer Number:: 22,506  
 Name:: Jagtiani + Gutttag  
 Street of mailing address:: 10363-A Democracy Lane  
 City of mailing address:: Fairfax  
 State or Province mailing address:: VA  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 22030  
 Phone Number:: 703-591-2664  
 Fax Number:: 703-591-5907  
 E-Mail Address:: iplaw@jagtiani.com

### Representative Information

Representative Customer Number:: 22,506

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/AU2003/01004	08-08-03

### Foreign Application Information

Country::	Application number::	Filing Date::	Priority Claimed::
Australia	2002950755	08-09-02	Yes

## **Assignee Information**

Assignee name::

Street of mailing address one::

Street of mailing address two::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::